



COMMONWEALTH OF MASSACHUSETTS
GARNISHMENT PAYEE REQUEST FORM

Please Add the following Payee to the Garnishment Payee Table:

Payee Name: _____ EIN #: _____

Address: _____ Phone: _____

City/State/Zip: _____

Email Address: _____

Payee Type: Please select one option:

- | | |
|---------------------------------------|---|
| <input type="radio"/> IRS Tax Levy | <input type="radio"/> Federal Student Loan |
| <input type="radio"/> Child Support | <input type="radio"/> Recovery of Overpayment (DTA) |
| <input type="radio"/> DOR Tax Levy | <input type="radio"/> Reimbursement of Medical Assistance (DMA) |
| <input type="radio"/> Spousal Support | <input type="radio"/> Court Ordered Employer Wage Garnishment |

Request Submitted By:

Name: _____ Phone: _____

Dept: _____ Date: _____

Once completed, send this form to:

Office of the Comptroller
Payroll Garnishment Unit
1 Ashburton Place, 9th Floor
Boston, MA 02108

Fax: (617) 727-2163

For Comptroller Use Only

Date Request Received _____

Approved: ☐ Yes ☐ No

Payee Electronic Payment Information:

Bank Transit Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings ☐ Other